|                 | Employee<br>Initials   |  | Employee Initials  | 2)                                      | E   | Employee<br>Initials | )<br>)                             | No. Date   | ENGINEER                                      |  |
|-----------------|--|--|--|---|---|----------------------|------------------------------------|--|---|--|
|                 | Median . Med | 10000000000000000000000000000000000000   |  |   | 1700 Wilson Avenue<br>Girard, Ohio 44420                  | FOUST CONST          |                                    | Print Company Name, A<br>signature                               | : LEFFINGWELL                                 |  |
|                 |  | SPECIAL SPECIA | X 97 0 1 63 8 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3  | EXCONORDE ST-                           | 330-539-6173<br>330-539-6106 Fax<br>fci1700@sbcglobal.net | CONSTRUCTION, INC.   | Charles F. Foust, Jr.<br>President | Print Company Name, Address and Phone, Leave signature at bottom | ENGINEER: LEFFINGWELL RD. CULVERT REPLACEMENT | Prosne   |
|                 | Employee Initials  |  | Employee Initials  |   | 5   | Employee<br>Initials |                                    | No. Date   | ACEMENT                                       | Prospective Ridders  |
| (Copy of Check) | (336) SW - 1241  | Crang Educad Susany Divid  | 100 March 100 Mark 10 | 100 00 00 00 00 00 00 00 00 00 00 00 00 | Jim @ Nudzilinex coulding con                             |                      |                                    | Print Company Name, Address and Phone, Leave signature at bottom | DATE: 4/20/22                                 |  |
| Check)          | Quano con  | Susany Dinc  | 100 A  |   | COMOLING COR  | 55                   |                                    | nd Phone, Leave signature<br>m                                   | TIME: 1:30 P.M.                               | and the second s |

| Employee<br>Initials | Employee<br>Initials | Employee Initials    | ENGINEER:   |
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|                      |                      |                      | ENGINEER: LEFFINGWELL RD. CULVERT REPLACEMENT  No. Date Print Company Name, Address and Phone, Leave No. Date signature at bottom |
| Employee<br>Initials | Employee<br>Initials | Employee<br>Initials | Prospective Bidders REPLACEMENT Leave No. Date  |
|                      | ,                    |                      | Print Company Name, Address and Phone, Leave signature at bottom  |
|                      |                      |                      | TIME: 1:30 P.M. and Phone, Leave signature  |